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Application Number

Filing Date

First Named Inventor

Hopp, Armin

Title

Stereoprojection Control System

Art Unit

Examiner Name

Attorney Docket Number

Hopp - 1

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Armin Hopp

Title and Company

Date

May 4, 2006

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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